

OAHU COMMITTEES
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND COMMITTEES
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
DISCLOSURE REPORT
NONCANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.")

SECTION I-NONCANDIDATE COMMITTEE:

(a) Committee Name:

Hawaii Long Term Care Association

(b) Mailing Address: 1188 Bishop Street, Suite 3105

Honolulu, HI 996813

(c) Phone (Bus)

(Res)

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

☒ Preliminary Primary ☐ Amended

☐ Final Primary ☐ Short Form

☐ Preliminary General

☐ Final Election Period

☐ Supplemental

REPORTING PERIOD

1/1/06

through 9/8/06

SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section)

COLUMN A

COLUMN B
ELECTION PERIOD
TOTAL TO DATE

TOTAL THIS PERIOD

1. Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee).....		2,235.57
2. Cash on Hand at the Beginning of this Reporting Period.....	1,985.57	
3. Total Receipts (From Line 11, Column A and B).....	2,950.00	2,950.00
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	4,935.57	5,185.57
5. Total Disbursements (From Line 14, Column A and B).....	0.00	250.00
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B).....	4,935.57	4,935.57

SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through D Before Completing This Section)

RECEIPTS

7. Monetary Contributions of \$100 or Less.....	0.00	0.00
8. Non-Monetary Contributions of \$100 or Less.....	0.00	0.00
9. Aggregate Monetary and Non-Monetary Contributions of More Than \$100 (Schedule A, Line 2 for Column A).....	2,950.00	2,950.00
10. Other Receipts (Schedule D, Line 2 for Column A).....	0.00	0.00
11. Total Receipts (Add Lines 7 through 10 for Columns A and B).....	2,950.00	2,950.00

DISBURSEMENTS

12. Contributions To Candidates (Schedule B, Line 2 for Column A).....	0.00	250.00
13. Expenditures (Schedule C, Line 2 for Column A).....	0.00	0.00
14. Total Disbursements (Add Lines 12 and 13 for Columns A and B).....	0.00	250.00

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Robert J. Ogawa
Committee Chairperson Signature

9/8/06
Date

R. S. Kishaba
Treasurer Signature

9/8/06
Date

Form NC-3 (Rev. 11/97)

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
NONCANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME:

Hawaii Long Term Care Association

PAGE 1 OF 2

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
4/8/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Emmet White 1434 Punahou Street Honolulu, HI 96822	CEO, Arcadia Retirement Residence	250.00	
4/8/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Island Nursing Home 1205 Alexander Street Honolulu, HI 96826		250.00	
4/11/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kauai Care Center 9611 Waena Road Waimea, HI 96796		200.00	
4/11/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Hale Ku'ike 95 Kawanānākoa Place Honolulu, HI 96817		250.00	
4/12/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Ohana Pacific Management 45-181 Waikalua Road Kaneohe, HI 96744		1,000.00	
5/25/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION C. Gerald Powers 1900 Bachelot Street Honolulu, HI 96817	Administrator, Convalescent Center of Honolulu	250.00	
5/25/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Life Care Services Corp., dba Hale Ola Kino 1314 Kalakaua Avenue Honolulu, HI 96826		250.00	

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... 2,450.00
2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

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NONCANDIDATE COMMITTEE NAME:

PAGE

1

OF

2

Hawaii Long Term Care Association

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)		
5/25/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		250.00	
	Aloha Management Company 45-545 Kamehameha Highway Kaneohe, HI 96744			
4/8/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		250.00	
	Avalon Health Care Management, dba Hale Nani Rehabilitation & Nursing Center 1677 Pensacola Street, Honolulu, HI 96822			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... 500.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A)..... 2,950.00